

Non-Public Schools

Approval System

Self-Assessment

Exceptional Children Division
North Carolina Department of Public Instruction

Improving Outcomes for Students with Disabilities

School Name _____

School Year _____

**Public Schools of North Carolina
State Board of Education
Exceptional Children Division
301 North Wilmington Street
Raleigh, North Carolina 27601-2825**

Non-Public School Annual Exceptional Children Program Self-Assessment Document

For DPI Use Only

_____ **Initial**

_____ **Annual Review**

_____ **Onsite**

This evaluation document has been developed in conformance with the requirements of Public Law 108-446, Article 9 of Chapter 115C of the North Carolina General Statutes, and *Policies Governing Services for Children with Disabilities*. A review team from the North Carolina Department of Public Instruction, Exceptional Children Division, will conduct an onsite visit every five years, in combination with annual program reviews during the intervening years, to evaluate the Exceptional Children Program in accordance with these standards.

1. Official Name of the School _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Telephone: () _____ Fax: () _____

5. Contact Person: Name: _____

Title: _____

E-mail: _____

6. Grades Served: _____ Age Range: _____

7. Total Current Student Enrollment: _____ Capacity: _____

8. Total Exceptional Children Enrollment: _____

(Complete the enclosed Exceptional Children Program Student Roster for Non-Public Schools)

9. Type of school *(Check the section that applies to your school.)*

_____ **Special Non-Public School** A “Special Non-Public School” offers special education and related services to exceptional students only.

_____ **General Non-Public School** A “General Non-Public School” offers a general and comprehensive education program to regular students, and also has a program or curriculum component for students with disabilities.

10. Type of Program (*Check one from item "a" and one from item "b" below.*)

a. ____ Day Program ____ Residential ____ Combination

b. ____ Full Time Program ____ Part-Time Program

11. Instructional Program (*Check appropriate section(s) for the current school year only.*)

	Beginning Date	Ending Date	Total Days	Length of School Day
Regular Program				
Summer Program				
Continuous (Year Round)				

12. Operating or Sponsoring Organization

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

13. Fees Charged (*Please indicate Annually, Monthly, or Weekly Fees*)

Education: _____

Related Services: _____

Other (*Specify*): _____

14. Name of accreditation agency: _____

15. List or attach any additional information that you feel is relevant.

Exceptional Children Educational Personnel

School Name _____

Provide exceptional children and related services staff information indicated below. Attach copies of current professional certification. Do not list non-educational personnel (ex. Technicians, bus drivers, cooks, etc.)

A. Administrative Personnel				
Name	Position/Title	Degree/ Major Field	Area/s of Certification	Expiration Date
B. Educational Personnel <i>Include those who provide direct instructional services (teachers, instructors, etc.) with at least a four year degree. Be sure to enclose copies of current certification.</i>				
Name	Position/Title	Degree/ Major Field	Area/s of Certification	Expiration Date
C. Related Service Personnel <i>Include those employed by school or through contract (speech-language specialists, social workers, psychologists, physical therapists, occupational therapists, etc.) Be sure to enclose copies of current certification or licensure.</i>				
Name	Position/Title	Degree/ Major Field	Area/s of Certification	Expiration Date

Check each disability category for which your school is requesting program approval.

- | | |
|--|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Multihandicapped |
| <input type="checkbox"/> Serious Emotionally Disabled* | <input type="checkbox"/> Orthopedically Impaired |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Specific Learning Disabled |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Speech-Language Impaired |
| <input type="checkbox"/> Intellectually Disabled* | <input type="checkbox"/> Traumatic Brain Injured |
| <input type="checkbox"/> Visually Impaired | |

* Effective November 1, 2007, the category of Behaviorally Emotionally Disabled, is changed to Serious Emotionally Disabled. The categories of Educable Mentally Disabled, Trainable Mentally Disabled, and Severe and Profoundly Mentally Disabled are changed to Intellectually Disabled (Mild, Moderate, and Severe).

Directions: Select one response for each statement below. Select “Not Applicable” for items that do not apply to your non-public school. Include comments for items marked “Not Applicable” on the attached page.

Curriculum and Instruction

1. The school offers a structured curriculum of sequential instruction at appropriate levels, comparable to the standard course of study in public schools.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

2. The school has a written statement of its goals and objectives and evaluates its performance against them. If yes, submit with the self-assessment.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

3. The school has an adequate supply of appropriate instructional materials, textbooks, equipment, and supplementary resources available.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

4. The teacher/pupil ratio for exceptional children is in accordance with Policies Governing Services for Children with Disabilities. (Complete the enclosed Class Enrollment Form for each exceptional children class or class in which exceptional children inclusion services are provided).

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

5. The school complies with State standards regarding the number of days and hours within the day of education.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

6. Training and resources are available to help general education classroom teachers serve students with disabilities.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

7. All personnel providing direct educational services to students with disabilities has a copy of the student's current IEP.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

A. Student Records

1. Confidentiality

- a. Signature, date, and purpose (sign-off access sheet) required for record access are maintained within each exceptional children folder.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

- b. Procedures are in place to provide parents and eligible students the opportunity to inspect, review, and copy educational records.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

2. Individualized Education Program (IEP)

- a. All required personnel and parents are involved in planning and developing the IEP.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

- b. Efforts to obtain parent participation in the development and subsequent reviews of the IEP are documented.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

- c. Efforts to invite and obtain student participation in the development of the IEP when transition educational services are discussed and subsequent review of the IEP are documented.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

- d. All students with disabilities enrolled by a Public Local Education Agency have an IEP.
☐ Yes ☐ No ☐ In Progress ☐ Not Applicable
- e. All required IEP components are included. Enclose a copy of your IEP form(s) with this self-assessment document.
☐ Yes ☐ No ☐ In Progress ☐ Not Applicable
- f. Reevaluations occur at least every three (3) years or more often if deemed necessary by the IEP Team.
☐ Yes ☐ No
- g. The IEP is reviewed/revised by appropriate staff, parents and students (when transition education is discussed) and placement decisions are made annually.
☐ Yes ☐ No

3. Identification, Evaluation, Placement and Reevaluation Procedures

The following information is on file for students with disabilities placed by Public Local Education Agencies:

- a. A current edition of Policies Governing Services for Children with Disabilities which is used in the identification of eligible children enrolled in your program.
☐ Yes ☐ No
- b. A current edition of the Handbook on Parents' Rights, which is distributed to parents to inform them of procedural safeguards.
☐ Yes ☐ No

B. Facilities

1. Programs are accessible to children with disabilities enrolled and are equipped to provide an appropriate education.
☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

C. Student Performance and Outcomes

1. Students with disabilities placed by Public Local Education Agencies participate in regular state-wide and district wide assessments, as well as alternate assessments, as appropriate.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

D. Discipline

1. Policies Governing Services for Children with Disabilities are followed when disciplining students with disabilities.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

Certification of School Official/s

I certify that:

1. Identification guidelines outlined in the current *Policies Governing Services for Children with Disabilities* have been followed in placing eligible school children in special education programs;
2. Verification is on file of the contact person for the education of the child when the parent has relinquished his/her rights and responsibilities for educational decisions; and
3. Comments for any question marked "Not Applicable" are enclosed. Information provided on this form is complete and accurate.

Signature: _____ Title _____ Date _____

Signature: _____ Title _____ Date _____

Non-Public School Approval System

Comments for Items Marked “Not Applicable”

Directions: Complete this form for all items marked “Not Applicable”. Indicate the item number and page prior to each comment.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Exceptional Children Program Non-Public School Student Roster

Name of School _____ **School Year** _____

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